Application or Docket Number

09/869295

PATENT APPLICATION F DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL OLABAS			(Column 1)		(Column 2)			TYPE		OR	R SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E	OR	BASIĆ FEE	860
TOTAL CHARGEABLE CLAIMS			89 minus 20=		• 69			X\$ 9=		OR	X\$18 =	1242
INDEPENDENT CLAIMS			5 minus 3 =		* d	2		X40=	1.	OR	X80≃	.160
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT			<u>.</u> .		+135=		OR	+270=	
* 1	the difference	e in column 1 is	less than z	ero, enter	"0" in (column 2	ı	TOTAL		OR	TOTAL	2262
-	CLAIMS AS AMENDED - PART II									-	OTHER	THAN
	₩ .	(Column 1)		(Colur		(Column 3)	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID I	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 84	Minus	** 80	1.	=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus +++ ON OF MULTIPLE DEPENDER		CLAIM	=		X40=		OR	X80=	
	T THE OTT THE OT		JETH EE DEI	LINDCINI	OLANI			+135=		OR	+270=	
	•	•			•		L	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)							DDII. FEE	· .	• ,•	10011. FEE1	Nor
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	ŀ	:X40=			X80=	-
•	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-		· · ·	OR		
•							L	+135=		OR	+270=	
	•		•				TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE		
		(Column 1)		(Colum	n 2)	(Column 3)			•			
NEW L		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus `	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						⊩			OR	7,00-	
* With a series in a change of the control of the c								+135=	.]	OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
- -	me "Highest Nur The "Highest Num	mber Previously Pa ber Previously Palo	id For" IN THIS I For" (Total or	SPACE is Independer	less than it) is the l	13, enter "3," highest number		DIT. FEE L	ropriate box	•		